NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308, 619 19th ST. S., Birmingham, AL 35249-6510

1-888-309-8435 or 205-934-6400

THIS IS NOT A BILL

20161109000414450 1/1 \$ 00 Shelby Cnty Judge of Probate, AL 11/09/2016 02:39:23 PM FILED/CERT

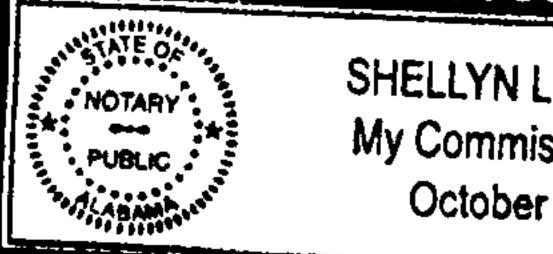
STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is POB 308, 619 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital of the same name, at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by: Alexis M. Robinson of 242 Anglewood Calera, AL 35040 against all causes of action, suits, claims, counter claims and demands accruing to the said Alexis M. Robinson or their legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

064496720.6300 Date of Admission: 10/26/2016 Amount Claimed: \$17,739.40 10/26/2016 Date of Discharge: 10/26/2016 Date of Injury: The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows: Name: Everest Auto Insurance Name: Claims Department 2580 Westside Pkwy #100 Address: Address: Alpharetta, GA 30004 UNIVERSITY OF ALABAMA HOSPITAL Duly Authorized Representative, UAB/PFS What, a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Colundra McLeod, who being by me first duly sworn, doth depose and say that she is the authorized representative for the claimant, and as such has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct. Subscribed and sworn to before me this 3/d day of Novem Du **2016**.

Stellyn Ree Gelbert
Notary Public

Hospital Lien Prepared by: Wondricica Armer P O B 308, 619 19th Street South Birmingham, AL 35249



SHELLYN LEE GILBERT My Commission Expires October 25, 2020